2. Full series of child.  3. For of Child.  To be answered ONLY in event of planal births.  5. No., in order of birth.  5. No., in order of birth.  FATHER  Full maides and child.  16. Residence (Usual place of abode)  If nonresident, give place and state  16. Color or race  11. Age at last birthday.  (Years)  17. Age at last birthday.  18. Twin, triplet or other.  6. Leftimato?  7. Date div.  16. MOTHER  Full maides and child.  16. Color or race  16. Color or race  17. Age at last birthday.  18. Color or race  19. Color or race  10. Color or race  10. Color or race  11. Age at last birthday.  12. Age at last birthday.				1일 : 배기 기관을 한당 (확인 10 : 10 : 12 : 12 ) 기 	The same of the sa	Section 1975
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(Taken as of time of birth of child herein (b) Born alive but now dead		MIDWIFE'S	ow dead	herein (b) Bern alive but	as of time of birth of child he	
I hereby certify that I attended the birth of this shill who was (Born after or stillborn)	Ove States	at 91 m. of the date above s	(Born after or atilloorn	birth of this shild, who we	y certify that I attended the b	
	v	1003	Mauri (	libern child shows other Address	le, then the latter, A stillb   make this return. A stillb e that neither breathes nor sh- pres of life after birth.	should me
1 supplemental report Month, day, year.		Special Registrar.	1/1/	day, year.		liven name 2 supplemen
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